

— THIS FORM MUST BE KEPT CONFIDENTIAL —

FW-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <b>MARK MCLEAN SANDERS</b> F02744 <b>CENTINELA STATE PRISON</b> D3-227 <b>PO BOX 931 IMPERIAL, CA. 92251</b> TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>FILED</b>  <b>APR 25 2008</b>          CLERK, U.S. DISTRICT COURT          SOUTHERN DISTRICT OF CALIFORNIA          BY <u>1224</u> 1983 DEPUTY  <div style="border: 1px solid black; padding: 2px;"> <b>FILING FEE PAID</b>          Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <b>HYP MOTION FILED</b>          Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> <b>COPIES SENT TO</b>          Court <input checked="" type="checkbox"/> ProSe <input type="checkbox"/> </div> </div>
NAME OF COURT: <b>UNITED STATES DISTRICT SOUTHERN</b> STREET ADDRESS: <b>880 FRONT ST. STE 429</b> MAILING ADDRESS: <b>SAN DIEGO, CA. 92101-8900</b> CITY AND ZIP CODE: <b>SOUTHERN DISTRICT</b> BRANCH NAME:		
PLAINTIFF/ PETITIONER: <b>MARK MCLEAN SANDERS</b> DEFENDANT/ RESPONDENT: <b>VM ALMAHER / ATTORNEY GENERAL</b>		
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		
CASE NUMBER:		

I request a court order so that I do not have to pay court fees and costs.

1. a. ☒ I am not able to pay any of the court fees and costs.  
 b. ☐ I am able to pay *only* the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

3. a. My occupation, employer, and employer's address are (specify):

- b. My spouse's occupation, employer, and employer's address are (specify):

4. ☐ I am receiving financial assistance under one or more of the following programs:

- a. ☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs  
 b. ☐ CalWORKs: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)  
 c. ☐ Food Stamps: The Food Stamp Program  
 d. ☐ County Relief, General Relief (G.R.), or General Assistance (G.A.)

5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.

- a. ☐ (Optional) My Medi-Cal number is (specify):  
 b. ☐ (Optional) My social security number is (specify):

☐ - ☐ - ☐ and my date of birth is (specify):

[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]

- c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.

[See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☒ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: 4/21/08

MARK MCLEAN SANDERS

(TYPE OR PRINT NAME)

(Financial information on reverse)

(SIGNATURE)

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FW-001

PLAINTIFF/PETITIONER: MARK MCLEAN SALIDERS  
 DEFENDANT/RESPONDENT: VM ALMAGER / ATTORNEY GENERAL

CASE NUMBER:

## FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. [If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]

## 9. MY MONTHLY INCOME

- a. My gross monthly pay is: \$ 0  
 b. My payroll deductions are (specify purpose and amount):

(1) \$ \_\_\_\_\_  
 (2) \$ \_\_\_\_\_  
 (3) \$ \_\_\_\_\_  
 (4) \$ \_\_\_\_\_

My TOTAL payroll deduction amount is: \$ 0

- c. My monthly take-home pay is  
 (a. minus b.): \$ \_\_\_\_\_

- d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

(1) \$ \_\_\_\_\_  
 (2) \$ \_\_\_\_\_  
 (3) \$ \_\_\_\_\_  
 (4) \$ \_\_\_\_\_

The TOTAL amount of other money is: \$ 0  
 (If more space is needed, attach page labeled Attachment 9d.)

## e. MY TOTAL MONTHLY INCOME IS

(c. plus d.): \$ 0

## f. Number of persons living in my home:

Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
(1)			\$ _____
(2)			\$ _____
(3)			\$ _____
(4)			\$ _____
(5)			\$ _____

The TOTAL amount of other money is: \$ \_\_\_\_\_  
 (If more space is needed, attach page labeled Attachment 9f.)

## g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a. plus d. plus f.): \$ 0

## 10. I own or have an interest in the following property:

- a. Cash \$ 0  
 b. Checking, savings, and credit union accounts (list banks):
- (1) \$ \_\_\_\_\_  
 (2) \$ \_\_\_\_\_  
 (3) \$ \_\_\_\_\_  
 (4) \$ \_\_\_\_\_

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1)	\$ _____	\$ _____
(2)	\$ _____	\$ _____
(3)	\$ _____	\$ _____

- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
(1)	\$ _____	\$ _____
(2)	\$ _____	\$ _____
(3)	\$ _____	\$ _____

- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$ 0

## 11. My monthly expenses not already listed in item 9b above are the following:

- a. Rent or house payment & maintenance \$ \_\_\_\_\_  
 b. Food and household supplies \$ \_\_\_\_\_  
 c. Utilities and telephone \$ \_\_\_\_\_  
 d. Clothing \$ \_\_\_\_\_  
 e. Laundry and cleaning \$ \_\_\_\_\_  
 f. Medical and dental payments \$ \_\_\_\_\_  
 g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_  
 h. School, child care \$ \_\_\_\_\_  
 i. Child, spousal support (prior marriage) \$ \_\_\_\_\_  
 j. Transportation and auto expenses (insurance, gas, repair) \$ \_\_\_\_\_  
 k. Installment payments (specify purpose and amount):

(1) \$ \_\_\_\_\_  
 (2) \$ \_\_\_\_\_  
 (3) \$ \_\_\_\_\_

The TOTAL amount of monthly installment payments is: \$ 0

- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ 0

## m. Other expenses (specify):

(1) \$ \_\_\_\_\_  
 (2) \$ \_\_\_\_\_  
 (3) \$ \_\_\_\_\_  
 (4) \$ \_\_\_\_\_  
 (5) \$ \_\_\_\_\_

The TOTAL amount of other monthly expenses is: \$ 0

## n. MY TOTAL MONTHLY EXPENSES ARE

(add a. through m.): \$ 0

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

CM-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		<b>FOR COURT USE ONLY</b>
TELEPHONE NO.: FAX NO.:		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CASE NAME:		CASE NUMBER:
<b>CIVIL CASE COVER SHEET</b> <input type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000) <input type="checkbox"/> Limited (Amount demanded is \$25,000 or less)		<b>Complex Case Designation</b> <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)
		JUDGE: DEPT:

Items 1-6 below must be completed (see instructions on page 2).

1. Check one box below for the case type that best describes this case:

<b>Auto Tort</b> <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) <b>Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort</b> <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PI/PD/WD (23) <b>Non-PI/PD/WD (Other) Tort</b> <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-PI/PD/WD tort (35) <b>Employment</b> <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	<b>Contract</b> <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Rule 3.740 collections (09) <input type="checkbox"/> Other collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37) <b>Real Property</b> <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) <b>Unlawful Detainer</b> <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) <b>Judicial Review</b> <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	<b>Provisionally Complex Civil Litigation</b> (Cal. Rules of Court, rules 3.400-3.403) <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) <b>Enforcement of Judgment</b> <input type="checkbox"/> Enforcement of judgment (20) <b>Miscellaneous Civil Complaint</b> <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (not specified above) (42) <b>Miscellaneous Civil Petition</b> <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition (not specified above) (43)
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2. This case ☐ is ☐ is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
- |  |  |
|--|--|
| a. <input type="checkbox"/> Large number of separately represented parties   | d. <input type="checkbox"/> Large number of witnesses  |
| b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve | e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court |
| c. <input type="checkbox"/> Substantial amount of documentary evidence   | f. <input type="checkbox"/> Substantial postjudgment judicial supervision  |
3. Remedies sought (check all that apply): a. ☐ monetary    b. ☐ nonmonetary; declaratory or injunctive relief    c. ☐ punitive
4. Number of causes of action (specify):
5. This case ☐ is ☐ is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

**NOTICE**

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):		TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):			
NAME OF COURT AND BRANCH, IF ANY:			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
PLAINTIFF:			
DEFENDANT:			
APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS			CASE NUMBER:

1. I was granted a waiver of court fees and costs in this case on (date): .....

2. a. ☐ My financial status has **not changed** since I filed my original application.

b. ☐ My financial status **has changed** since I filed my original application **AND** a new application is attached.

3. I ask the court to extend my waiver of fees to cover the following additional court fees and costs:

a. ☐ Jury fees and expenses.

b. ☐ Court appointed interpreters' fees for witnesses.

c. ☐ Witness fees of peace officers whose attendance is necessary for reasons shown below.

d. ☐ Reporters' fees for attendance at hearings and trials held more than sixty days after the date of the original application as shown above.

e. ☐ Witness fees for court appointed experts.

f. ☐ Other (specify):

4. These additional services are needed because (use additional sheet if necessary):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on (date): ..... at (place): .....

.....  
(Type or print name)

.....  
(Signature)

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

**PRISON CERTIFICATE**  
(Incarcerated applicants only)  
(To be completed by the institution of incarceration)

I certify that the applicant Mark Mclean Saunders  
(NAME OF INMATE)

FO2744  
(INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at Certinela State Prison  
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities Ø

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's *average monthly balance* was \$ 16.65

and the *average monthly deposits* to the applicant's account was \$ 4.17

**ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).**

April 23, 08  
DATE

Gracie Rojas  
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Gracie Rojas  
OFFICER'S FULL NAME (PRINTED)

Account Clerk II  
OFFICER'S TITLE/RANK

REPORT ID: TS3030 .701 REPORT DATE: 04/23/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CENTINELA STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 08, 2008 THRU APR. 23, 2008

ACCOUNT NUMBER : F02744 BED/CELL NUMBER: FDB3T2000000227U  
ACCOUNT NAME : SAUNDERS, MARK MCLEAN ACCOUNT TYPE: I  
PRIVILEGE GROUP: B

TRUST ACCOUNT ACTIVITY

TRAN DATE CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
01/08/2008	BEGINNING BALANCE					0.00
02/25 D300	CASH DEPOSIT	4979 MLRM		25.00		25.00
03/03 W516	LEGAL COPY CH	5124 02/28			0.40	24.60
03/07 W512	LEGAL POSTAGE	5244 02/28			0.30	24.30
03/10 FC04	DRAW-FAC 4	5304 FAC D			24.00	0.30
04/22 W512	LEGAL POSTAGE	6213 04/21			0.30	0.00

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
04/22/2008	H118	LEGAL COPIES HOLD	6214 04/21	9.90
04/22/2008	H118	LEGAL COPIES HOLD	6214 04/21	4.20
04/23/2008	H109	LEGAL POSTAGE HOLD	6256 04/22	2.16

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	25.00	25.00	0.00	16.26	0.00

THE WITHIN INSTRUMENT IS A GROSS COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE



ATTEST  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY TRUST OFFICER

CURRENT  
AVAILABLE  
BALANCE

16.26



REPORT ID: TS3030 .701

REPORT DATE: 04/23/08  
PAGE NO: 1CALIFORNIA DEPARTMENT OF CORRECTIONS  
CALIPATRIA STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU APR. 23, 2008

ACCOUNT NUMBER : F02744  
ACCOUNT NAME : SAUNDERS, MARK MCLEAN  
PRIVILEGE GROUP :  
BED/CELL NUMBER:  
ACCOUNT TYPE: T

## TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	08/01/2007		BEGINNING BALANCE					0.00
08/30	D300	CASH DEPOSIT	MR/ 701260			25.00		25.00
09/17	W536	COPAY CHARGE	08/16 1596				5.00	20.00
10/15	FC02	DRAW-FAC 2	B-1 2160				20.00	0.00
10/17	D300	CASH DEPOSIT	MEMO 2225			25.00		25.00
11/19	FC02	DRAW-FAC 2	B-1 2891				25.00	0.00

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	50.00	50.00	0.00	0.00	0.00

CURRENT  
AVAILABLE  
BALANCE

0.00

THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE  
ATTEST:CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY *[Signature]*  
TRUST OFFICE